KNOWLEDGE AND ATTITUDES OF PEOPLE REGARDING CONDOM USE IN MOLOTO VILLAGE –SOUTH AFRICA

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DECLARATION

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December 2011

SUMMARY

This study looks at the knowledge and attitudes of people in Moloto regarding condom use. Moloto is a rural area in Nkangala District in Mpumalanga Province in South Africa. The researcher aims to contribute to decreasing new HIV/AIDS infections because HIV/AIDS is one of the world's deadliest diseases. Many people in Moloto get children outside wedlock and some at a very tender age, from age 12, which implies that not all people who are supposed to be using condoms as one of the HIV prevention strategies, are doing so. According to the South African Department of Health Study (2009), the estimated HIV prevalence among antenatal clinic attendees in Mpumalanga was 34.7%, well above the national average of 29.4% in 2009.

Quantitative research using a survey research design has been used. A self-administered questionnaire was used to collect data. Convenience sampling was used to get respondents. Analysis of data was done through quantitative analysis which included descriptive statistics and frequencies for all items.
The research question is: What is the knowledge and attitudes of people in Moloto regarding condom use?

The findings are that people in Moloto have adequate knowledge and a positive attitude towards condom use. It is recommended that different government departments and private companies visit Moloto with bursary forms, learnerships, different career opportunities in their departments and work on removing people from the life of loitering around because only a few people in Moloto have gone beyond Grade 12. The researcher recommends further research in Moloto to determine what the reasons are for the high rate of people getting children outside wedlock.

OPSOMMING

Hierdie studie is gerig op die kennis en houdings van mense in Moloto aangaande die gebruik van kondome. Moloto is geleë in Nkangala Distrik. Dit is in die landelike gebied van Mpumalanga Provinsie in Suid-Afrika. Die navorser se doel met hierdie studie was om ‘n bydrae te lewer om nuwe MIG/VIGS infeksies te verminder. Dit is uiters noodsaaklik aangesien MIG/VIGS een van die wêreld se mees dodelikste siektes is. Heelwat vrouens/dogters van Moloto het buite-egtelike babas, sommiges selfs op die brose ouderdom van 12 jaar. Dit is ‘n bewys dat nie almal wat veronderstel is om kondome te gebruik, ten opsigte van voorkoming van MIV, dit doen nie. Volgens die Suid-Afrikaanse Departement van Gesondheidstudies (2009), is die geskatte MIV voorkoms onder besoekers aan voorgeboorte klinieke in Mpumalanga, 32.7%. Dit is heeltwat hoër as die nasionale gemiddeld van 29.4% in 2009.

Kwantitatiewe navorsing deur middel van ‘n oorsigtelike navorsingsplan is gebruik. Die data is ingesamel deur die gebruik van ‘n self-geadministreerde vraelys. Geskikte monsterneming was gebruik om inligting te verkry. Analise van die beskikbare data is gedoen deur middel van kwantitatiewe analise wat beskrywende en veelvuldige statistieke van alle items ingesluit het.

Na die verwerking van 67 response is daar tot die gevolgtrekking gekom dat die inwoners van Moloto oor genoegsame kennis beskik en ‘n positiewe houding het teenoor die gebruik van kondome. Die aanbeveling is dat verskeie regerings-departemente en privaat instansies Moloto besoek, met aansoekvorms vir beurse, ambagsopleiding asook verskillende opleidingsopsies in die onderskeie afdelings van hul departemente. Dit sal ‘n bydrae lewer om die mense van Moloto wat huidiglik sonder enige vooruitsigte rondlê te help, aangesien bitter min van hulle ‘n graad 12 kwalifikasie behaal het.

Die navorser stel verder voor dat meer navorsing by Moloto gedoen word om vas te stel wat die redes is vir die hoë syfer van buite-egtelike swangerskappe.

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CHAPTER 1: INTRODUCTION

1.1 Background

HIV/AIDS is one of the world's deadliest diseases. HIV can be transmitted in one of the following ways: through sexual activity with an infected person, by a pregnant woman to the foetus, by a mother during the birth of the baby or during breast feeding, through blood, which includes exposure to contaminated blood, sharing needles and syringes that are contaminated with blood, or through blood transfusions if the blood is not thoroughly checked.

Correct and consistent use of condoms can prevent contraction of HIV when engaging in any form of risky sexual behaviour such as oral, penile-vaginal, or anal sex. People should focus on this and other preventative measures as there is currently no cure for HIV/AIDS. And even if there was a cure, prevention would always be better.

There are already several well known ways to prevent contracting HIV/AIDS namely:

- Abstinence from sex.
- Faithfulness of both partners, married or unmarried who know each other's HIV status.
- Positive behavioural change – changing any bad or risky behaviour that may lead to contracting HIV. Examples of such acts are: having sexual intercourse without a condom with someone without first finding out about his/her HIV status; having sex under the influence of liquor or drugs; visiting unsafe pubs and shebeens or walking alone in unsafe places where sexual abuse in the form of sodomy or rape may take place; avoiding taking drugs which involve the sharing of needles; to mention just a few.
- Character formation which implies ensuring that we teach our children good morals and values so that they can be responsible enough to be able to live wisely, make correct and informed decisions, make correct choices, be assertive and understand the importance of protecting themselves against all diseases, including HIV/AIDS.
- Condom use is one of the effective ways to prevent contracting sexually transmitted infections (STI's). Many people are aware that HIV is mainly transmitted through sexual intercourse. Condom use in this study refers to use of both male and female condoms. Condom use is the main focus of this study. The researcher will

investigate knowledge and attitudes of people in Moloto village regarding condom use.

Condom use is very important as mentioned here:
"Unsafe sex is an important issue worldwide: it is the second highest risk factor for disability or death in the world's developing countries and the ninth highest risk factor in developed countries." (Moore, Dahl, Gorn, Weinberg, Park, and Jiang 2008: 553).

Geringer, Marks, Allen, and Armstrong (1993) recommend condom use as they emphasize the potential benefits as condoms result in significant decline in STI's including HIV. Moon (2002) states that the 100% Condom Promotion Programme that targeted the sexually active people in Thailand, which resulted in 90% of commercial sex workers using condoms in 1996, benefitted the country. Such a step together with other HIV/AIDS prevention strategies contributed in reducing the further spread of HIV/AIDS in Thailand. Moon further mentions that HIV/AIDS prevention strategies worked for Senegal, Uganda and Thailand, and that prevalence decreased.

South Africa can also work on strategies that can decrease new HIV infections drastically. Condom use, together with other behaviour-change prevention strategies, can assist in reducing the further spread of HIV/AIDS. Wind (2002) has written about the success in Uganda and other countries that experienced a noticeable HIV prevalence reduction through a threefold HIV prevention strategy namely: encouraging young people to delay sex, educating and encouraging older people to reduce the number of sexual partners and to use condoms. This study focuses on the condom use strategy only as a prevention strategy that can bring a noticeable HIV/AIDS prevalence reduction. In Uganda condom use among unmarried women rose from negligible levels in 1988 to 24% in 2000, and among unmarried men from 39% in 1995 to 57% in 2000. Okonofua (2002) has also written about the success of HIV/AIDS strategies in Uganda, Ghana and Senegal.

South Africa is divided into 9 provinces namely: Free State, Limpopo, North West, Eastern Cape, Western Cape, Gauteng, Northern Cape, KwaZulu Natal and Mpumalanga. KwaZulu-Natal has the highest HIV/AIDS prevalence amongst all the 9

provinces with Mpumalanga the second highest. According to the South African Department of Health Study (2009), the estimated HIV prevalence among antenatal clinic attendees in South Africa was 29.4% in 2009, while the prevalence in Mpumalanga was 34.7%, well above the national average.

Provinces in South Africa are further divided into districts. Mpumalanga is divided into three districts namely Nkangala, Gert Sibande and Ehlanzeni. Currently Gert Sibande district has the highest HIV/AIDS prevalence followed by Nkangala District; this is a great concern that requires investigation. If Nkangala District is the second highest in HIV prevalence, it would be necessary to do research on its causes with a view to determine the intervention strategies that can be applied in the area.

1.2 Research problem

The study on the knowledge and attitudes of people regarding condom use will be conducted in Moloto village, a rural area in Nkangala District in Mpumalanga Province in South Africa. The village is located 60 kilometres south-east of Pretoria, along the Moloto road.

Many people in Moloto village get children outside wedlock and some at a very tender age, from age 12. This is a concern as it reveals that not all people who are supposed to be using condoms as one of the HIV prevention strategies are doing so. Getting a child outside wedlock is an indication that unprotected risky sexual intercourse is a practice. This practice is wrong especially in this era of HIV/AIDS. If condoms were adequately used, there would be a low number of people who get children before marriage. Several researchers have conducted research on people's knowledge and attitudes regarding condom use in many areas all over the world but not in Moloto village. The researcher found it necessary to conduct research in Moloto village in Mpumalanga to determine the level of knowledge and attitudes towards the use of condoms. The village was selected due to the fact that Mpumalanga has amongst the highest HIV prevalence rates in the country.

1.3 Significance of the research study

As is the case in many South African villages and townships, Moloto village in Mpumalanga has also been affected by the epidemic. Despite the fact that the

government has implemented different programmes to educate people regarding HIV/AIDS and different preventative methods, South Africa's infection rate remains high. One of the key methods of prevention is the use of condoms during all types of sexual intercourse. Free condoms are made available by the government at all government health institutions throughout the country.

The study aims to achieve a lasting public health awareness that can be sustained. The results of this study will be made available to the local clinic and Non-Governmental Organisations (NGOs) for use to strengthen HIV/AIDS preventative measures in Moloto village.

In addition, the study will be shared with clinics, hospitals, and NGOs in other municipalities and provinces within South Africa. The research findings will also be made available on a national level. The study will thus be made available to be used throughout the three tiers of government, i.e. local, provincial, and national. In this way the study will have an even larger impact. This will assist in designing strategies that will motivate people more on the need and importance of using condoms especially in cases where sexual partners do not stay permanently together, and there is not yet commitment through marriage.

As the results of this study show adequate knowledge and a positive attitude towards condom use, the researcher recommends further research in Moloto village to determine the reason for the high rate of people getting children outside wedlock. The results of this study may also motivate other researchers to further investigate the HIV/AIDS preventative measures.

1.4 Research question

Maree (2010) explains a good research question as that component of the research that keeps the researcher focused and intrigued so as to succeed on the original purpose of the research. It guides the researcher from the beginning to the end of the research process, it directs the researcher on which literature to review, which data to collect.

The research question that this research project has answered is:

What is the knowledge and attitudes of people in Moloto village regarding condom use?

Relevant literature has been reviewed and correct data collected with the use of the correct data collection instrument has successfully helped the researcher to be able to provide the correct answer to the research question.

1.5 Aim and objectives of the research

This study aims to investigate knowledge and attitudes of people in the Moloto village regarding condom use in order to contribute to decreasing new HIV/AIDS infections.

The objectives of this study are:

- to determine to what extent people in Moloto village know about prevention of HIV/AIDS through condom use;
- to determine reasons for not using condoms
- to determine attitudes of people in Moloto village about condom use; and
- to provide guidelines to the local clinic and Non-Governmental Organisations in Moloto village on how to strengthen prevention of HIV/AIDS through condom use.

1.6 Operational definitions

The following core terms will be used in this study:

Attitude: Best and Kahn (1993) define attitude as how people feel or what they believe in. Following this definition, attitudes in this study refer to behaviour or feelings regarding condom use.

Condom: The Nelson Mandela Foundation booklet (2005) defines a condom as a cover used to prevent unwanted pregnancies and sexually transmitted infections (STI's), which include HIV. The booklet further states that a condom acts as a material barrier that prevents contaminated fluid from getting into another person's bloodstream; thus decreasing the potential for the transfer of STI's. As in the above definition, a condom in this study refers to a barrier that can prevent HIV transmission.

HIV: HIV stands for Human Immunodeficiency Virus. Moore, Rosenthal, and Mitchell (1996) define HIV as the virus that attacks the cells of the immune system, eventually causing AIDS. HIV can be fatal because it attacks the immune system and results in AIDS, as the body becomes too weak to defend itself against opportunistic diseases. As such, HIV referred to in this study, is a virus that attacks the immune system and results in AIDS.

AIDS: AIDS denotes Acquired Immunodeficiency Syndrome. American Academy of Family Physicians (1996-2005) defines AIDS as a disease caused by a virus called HIV which attacks the immune system. The document further mentions that bodies of people who have contracted AIDS cannot fight the disease and as a result such people get sick easily and struggle to get well, and end up dying of an infection or cancer. AIDS in this study refers to a collection of life-threatening diseases that may develop in a person who has HIV and does not take care of him/herself by not taking ARVs and engaging in a safer sex.

HIV prevalence: Parker, Colvin and Birdsall (2006) define HIV prevalence as the estimate of the proportion of a defined population. This study states HIV prevalence as the percentage of the population in a particular area who are living with HIV.

1.7 Demarcation of the study

This study focuses on the knowledge and attitude of people regarding condom use as an HIV preventative measure. The participants aged between 22 and 49 years and are selected from the population of Moloto village.

This assignment is divided into five chapters:

The first chapter presents an orientation, background and all the basic information about the study like the research problem, research question, the aim and significance of the study.

The second chapter deals with literature review. The chapter gives a detailed analysis of literature relating to attitudes of people regarding condom use. This chapter basically presents a theoretical framework.

The third chapter deals with the research design and method of data collection with the purpose of achieving the aim of the research. The research question is answered in this chapter.

The fourth chapter takes a close look at the data and the analysis of the data. A quantitative analysis was used in this study. The fifth and final chapter provides an answer to the research question as well as concluding remarks and recommendations based on the findings.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter, the researcher reviews a number of publications dealing with knowledge and attitudes regarding condom use.

Terre Blanche, Durrheim and Painter (2006) specify four types of literature reviews namely: empirical, historical, thematic and theoretical reviews. An empirical review summarises the empirical findings, this is exactly what this study is going to do.
Historical reviews focus on the chronological development of the literature, and divide it into phases or stages of development. Thematic reviews explore different themes or perspectives in the literature. Theoretical reviews look at theoretical developments in a particular area supporting each theory with empirical evidence. The researcher examines the existing publications on the knowledge and attitudes of people regarding condom use to determine whether the proposed research question: 'What is the knowledge and attitudes of people in Moloto village regarding condom use?' has already been answered by other researchers. The researcher found that research on the knowledge and attitudes regarding condom use has been done around the world but not specifically in Moloto village.

While the research serves a purpose in that it laid the foundation on how research of this nature should be conducted and which methods should be used, none of the research conducted is relevant to a study in an area such as Moloto. All the studies reviewed were either focused on an exclusively urban or rural area, none focused on an area such as Moloto. The population of Moloto is rural, however, it comprises of a population that commutes largely between the rural area and an urban area (Pretoria in the Gauteng province). The workforce in Moloto commutes between the diverse areas on a daily to weekly basis. Furthermore, Moloto was founded as a result of people from different provinces and from both rural and urban areas coming together to form a modern village in post-apartheid South Africa. The population of Moloto village is predominantly impoverished with high unemployment levels and low economic development. The area also has a high teenage pregnancy rate, which seems to have been accepted as part of the culture of the area.

Another reason for the literature review is to determine if there is a need for research in the area under investigation. The researcher found that there is a need for research in the knowledge and attitudes of people in Moloto village regarding condom use because most of the unmarried people in that village have children, and there is a concern as to whether people who are supposed to be using condoms are using them or not. Getting a child before marriage generally implies unsafe sexual intercourse in that there appears to be lack of commitment before people engage in sex without condoms. Those individuals are not necessarily exclusively having sex with one individual. In some instances in Moloto, young unmarried women aged below 30 have three children, all with different fathers.

Literature reviewed also familiarised the researcher with the research topic and assisted in placing the current research topic within its proper theoretical perspective. Literature review also assisted the researcher with finding the relevant and appropriate research design through which the aim and objectives of the study will be achieved. The literature reviewed came from sources available all over the world, and include books, articles and other material published on the internet as well as hard copies.

2.2 Knowledge about condom use

Some television and radio advertisements, as well as print media funded by government and certain non-governmental organisations (NGOs) widely disseminate information regarding condoms and their effectiveness in preventing Sexually Transmitted Infections (STI's) including HIV/AIDS, as well as unwanted pregnancies. For this reason, the researcher assumes that most people in Moloto village know about condoms, and that they have already heard about condoms and their importance.

In the research conducted by Hendriksen, Lee, Coates, and Rees (2007), it is indicated that most South African youth know that condoms prevent HIV, STI's and unwanted pregnancies and that it is important to use condoms every time they have sexual intercourse.

Geringer et al (1993) conducted research in 1990 in Philadelphia, Southeastern Pennyslavia. The research aimed at examining the relationship among different categories of variables namely: knowledge, attitudes, perceived risk and concern about

Sexually Transmitted Diseases (STDs), demographic characteristics and condom use among the black population. The sample of 925 residents was drawn from two health districts in North Central and West Philadelphia. A face to face household survey using interview with a 67- item questionnaire, which included both open- and closed-ended questions was used to collect data. Respondents' knowledge about condoms and STI's was determined through true/false statements.

The results revealed that most people knew that condoms help to prevent STI's (95%) and pregnancy (93%), the only area where knowledge was weak was related to condom use and HIV/AIDS prevention, only 40% correctly indicated that condoms help prevent HIV/AIDS. Geringer et al concur with other research findings cited above.

Moon (2002) found that most people in India knew about the transmission and prevention of HIV/AIDS. Moon (2002) conducted a study in Dindigul and Coimbatore Districts of Tamil Nadu in India. She used a Risk Reduction Model (ARRM) as a framework. The research focused on long distance truck drivers and commercial sex workers. The emphasis in this study is that poverty is the tempting enemy that turn women into commercial sex workers to supplement their income.

It is uncertain whether the majority of people who already know about condoms, know how to use them correctly so that they can be used effectively to prevent diseases and unwanted pregnancies. It is also uncertain whether people who know how to use condoms, use them every time they engage in sex and not just occasionally. Furthermore, it is also uncertain whether people know that one cannot ascertain by someone's appearance, looks, size of the body that they have a STI or not.

2.3 Women embarrassment about condoms and reasons for not initiating their use

Literature reviewed exposes how and why economically vulnerable women and other women who know about condoms and their association with safer sex, choose to remain silent about condom use, The study by Agha (1998) on sexual activity and condom use in Lusaka, Zambia, exposes how economically vulnerable women fail to initiate condom use. This is because they fear being viewed negatively by the partner, which in most cases results in the relationship being compromised in one of the two

ways: loosing the partner, or decreasing the level or standard on which the relationship was perceived. In essence, the study showed that women feared that men would lose interest in them if they actively pursued the use of condoms in a relationship. In the same study, Agha found that women also fail to initiate condom use because they fear being stigmatised in the same manner.

Similar findings were found in the study on Gender differences in Cues. The study conducted by Speizer, Mullen, Vignikin and Kouwonou (2002) aimed to examine youth reproductive health personal experience; knowledge; practices and attitudes regarding HIV/AIDS and condom use. The findings were that some women had less control over condom use even though they wanted to use them. Their economic dependence on men was stated as the main reason for women's inability to initiate condom use. Instead such women opted for other strategies such as abstinence and fidelity to protect themselves from HIV/AIDS infection and unintended pregnancies.

Moon (2002) also found women in developing countries being oppressed by their feminine gender as stated below:

> "Poor women in developing countries have little power to negotiate for their protection in sexual intercourse and are not able to effectively utilize the current strategies of HIV/AIDS prevention that include: decreasing the number of sex partners, using condoms regularly and receiving treatment of sexually transmitted diseases." (Moon, 2002:7–8)

Moon further mentions that HIV has become a family disease, because married long-distance truck drivers who engage in unprotected sexual activity with prostitutes, come home to infect their wives who may feel that they do not have powers to initiate condom use.

The emphasis in Moon's study is that poverty is the tempting enemy that turn women into commercial sex workers to supplement their income. Long-distance truck drivers who in most cases are married men, are the regular clients. In Tamil Nadu, the HIV infection rate was 2% higher than that of the whole country due to husbands who infect their wives in this manner. Interviews, surveys and focus group discussions were used

to collect data with the purpose of creating intervention strategies that will bring about behavioural change. The intervention strategy suggested was to educate men on female health so that they can change their risky sexual behaviour.

Matlin and Spence (2000) also concur with researchers cited above that women are less able to negotiate safer sex due to factors such as: their lower status, economic dependence and fear of violence. Matlin and Spence believe that if women were independent and had power, they would initiate safer sex to avoid infection. They mention that cultural, social and economic pressures make women more likely to contract HIV than men.

MacPhail and Campbell (2001) also mention that gender power imbalances prevent women from negotiating safe sexual encounters. The aim of the study was to increase understanding of the influences on adolescent sexuality with a focus on HIV prevention. MacPhail and Campbell conducted a study at Khutsong Township near Carletonville in Gauteng Province in South Africa in 2001. Both qualitative research using focus groups and quantitative research using surveys informed the findings. Participants and respondents were 44 males and females aged between 13 and 25 years. The findings also mention that women within the age group 13 to 25 years have limited opportunities to refuse sex due to fear of violence and coercion.

In the study conducted by Taylor, Dlamini, Nyawo, Huver, Jinabhai and De Vries (2007) in 28 KwaZulu-Natal High Schools in South Africa with Grade 10 Learners, it was found that 77% of the 15 to 24 year old learners who were positive regarding condom use were females. However, most were girls who were forced into sexual intercourse. The researchers concluded by suggesting programmes that would address sexual violence.

Studies reviewed indicate that women know about condoms but have various reasons that inhibit them from using, buying and carrying condoms freely and keeping them in their homes, with the fear of appearing to be immoral. Sacco, Rickman, Thompson, Levine and Reed in Hunter (1998) found a problem of inhibition in women. Helweg-Larsen and Collins (1994), concurred, concluding that women were embarrassed to buy condoms, which was not the case with men.

Hynie and Lydon in Hunter (1998) also found that women had better attitudes regarding condom use; however, they were less likely to carry condoms as the perception of women who carried condoms in new sexual relationships was negative. Women who carried condoms were perceived as immoral or loose.

Moore et al. (2008) found the same results in their research conducted in 2007. 306 individuals with an average age of 26.5 participated in the research that was conducted in the People's Republic of China. Data was collected through a paper and pencil survey. 301 individuals with an average age of 33.2 participated in the Republic of Korea. The findings were that Chinese and Korean females were more embarrassed to purchase and carry condoms.

2.4 Women with a positive attitude regarding condom use and men with a negative attitude

Several studies reviewed, had findings that showed that women's attitudes regarding condom use were more favourable than those of men. MacPhail and Campbell (2001) mention that young men oppose condom use due to their contraceptive value.

Marandu and Chamme (2004) conducted a study in 2002 that aimed to examine public attitudes regarding condom use for prevention of HIV infection in Botswana. The data collection tools were personal interviews and using a self-administered questionnaire that was administered by trained assistants. The research population was 1 349 people under the age of 35 with different professions. The results of the study revealed that women showed positive attitudes regarding condom use.

Campbell, Peplau and DeBro in Hunter (1998) concur with Marandu and Chamme. They also found that women showed more positive attitudes regarding condom use than men in their study conducted in Los Angeles in 1992. The study aimed to examine attitudes regarding condom use. Respondents were University of California undergraduate students, of which 213 were women and 180 were men. Also in this study, a self-administered questionnaire was used to collect data.

Sacco et al. in Hunter (1998) also agreed with Marandu and Chamme as well as Campbell et al. on women's attitudes regarding condom use being more positive than

men. Sacco et al. in Hunter (1998), examined gender differences in attitudes regarding condom use, specifically the impact of condoms on HIV prevention. Participants were 248 undergraduate students. The data collection tools were the Condom Attitude Scale and Condom Use Questionnaire.

The same as Sacco et al in Hunter (1998), Marandu and Chamme, Campbell et al, as well as Ploem and Byers in Hunter (1998) also found women to have a more positive attitude regarding condom use than men. They found that women who used condoms regularly showed a positive attitude towards them. Participants in this study were 112 unmarried female college undergraduate students in Costa Rica. The age range of the participants was 18 to 32 years. The measuring tool was the Attitude Toward Condom Scale (ATCS).

Helweg-Larsen & Collins (1994) of the Department of Psychology at the University of California in Los Angeles concurred with Sacco et al., Marandu and Chamme and Campbell et al., Ploem and Byers, and Hynie and Lydon. The study also found women to have a more positive attitude regarding condom use than men in the three studies they conducted in 1993 at the University of California with the aim of developing a multi-dimensional, multiple-condom attitudes scale that would correlate five factors of the University of Carlifonia Multidimensional Condom Attitudes Scale. Respondents for the first study were 239 male and female undergraduate students. The age range was between 15 and 35 years. 181 undergraduate students aged between 18 and 30 years made the population for the second study. The third and last study with 426 undergraduate students was used to test the five factor structure as opposed to a single factor model. Questionnaires were used as the data collection tool in all three studies.

The study already mentioned above by Taylor, Dlamini, Nyawo, Huver, Jinabhai and De Vries (2007) that aimed to analyse determinants influencing the use of condoms by Zulu youth was concluded by mentioning that the rate of condom use in rural KwaZulu-Natal is low. More males than females intended to continue with naked sexual intercourse. 1 192 Grade 10 learners completed an anonymous self-reported structured questionnaire. One Grade 10 classroom was randomly selected at each of the 28 High Schools and learners in that particular classroom were requested to enrol as respondents after explaining to them what the research was all about. The results of

the research revealed that condom users had a more positive attitude towards condoms than non-users. Over a third of learners had used condoms at their last sexual contact and this was very pleasing.

2.5 Men with a positive attitude regarding condom use and women with a negative attitude

In contrast, other literature reviewed, showed men with positive attitudes regarding condom use than women. The study of Richardson, Beazley, Delaney and Langile (1997) aimed to examine students' attitudes, social normative beliefs, perceived control, and intentions regarding condom use. Participants were High School students in Amherst in Nova Scotia, 295 males and 345 females. The data collection tools were theory of planned behaviour as a framework and a self-administered questionnaire. The results of the study revealed that females who engaged in sex without condoms did so due to their negative attitudes regarding condom use.

In the study that was cited above conducted by Agha in Lusaka, Zambia in 1996 with the aim of exploring the effects of heightened HIV/AIDS awareness and greater societal openness regarding condom use, the results revealed that men who had a positive attitude regarding condom use were younger than 30 years. It was also mentioned that those men had an education beyond Secondary School and had easy access to condoms. The results further revealed that men aged between 20 and 24 and 25 and 29 had more positive attitudes towards condom use than women of the same age.

2.6 Men and women - positive regarding condom use

Pleck, Sonenstein and Ku (1993) interviewed 1 000 sexually active male adolescents for the National Survey of Adolescents at Wellesley College Centre with the aim of measuring their attitudes to condom use. The first interview was conducted in 1988 when the male adolescents were 15 and 19 years of age. The second interview was conducted from 1990 to 1991 when the male adolescents were 17 and 22 years old. The findings were that the participants showed a positive attitude regarding condom use.

A similar study was conducted by Belachew, Jira and Mamo in 2002 among randomly selected 500 students at Jimma University in South-West Ethiopia, of which 439 were

unmarried. The aim of the study was to examine knowledge, attitudes and practice in voluntary counselling and testing. A self-administered questionnaire was used to collect data. The findings were that men understood safe sex to be synonymous with condom use. The mean age of participants was 21 years.

Alarape, Olapegba and Chovwen (2008) conducted a study at the University of Ibadan, that aimed to examine the influence of self-efficiency, social norms and affective attitude towards condoms. 183 male undergraduate and postgraduate students with the age range of 15 – 32 years were participants identified with an accidental sampling technique. An ex-post facto design using a structured questionnaire was used to collect data. The affective attitude regarding condoms is the aspect that has relevance to this study. The results of the study stated that students with high affective attitudes towards condoms were reported to use condoms more than those with low affective attitudes.

2.7 Conclusion

Only literature which has a positive contribution to the current research project appears in this study. All the formal and relevant procedures of literature reviewing were observed and used in this research project. Limitations that will be cited do not necessarily imply that good work is not acknowledged.

Scholars and researchers have done studies on knowledge and attitudes regarding condom use, all over the world. Their contribution is on the fact we know that most people have knowledge about condoms, that condoms are easy to get in most places, especially in government clinics, that there are a lot of people with a positive attitude towards condoms. The researchers also emphasised how women have information about how condoms can protect them from contracting STI's and HIV, unwanted pregnancies, and how their dependence on men and fear of violence, fear of losing a partner, fear of damaging a relationship, their pressure of getting a marriage partner make them avoid to initiate condom use. Previous researchers also informed us how women (more than men) get embarrassed to buy condoms, carry them and keep them in their homes as it shows some kind of immorality. The above points served a positive contribution to the current research, as the researcher is aware of factors that interfere with the people's interest of using condoms.

The contribution of previous researchers and scholars is limited in the sense that we do not yet know what is the knowledge and attitude of people in Moloto village regarding condom use. This study is going to fill that gap. The study will have information on the knowledge and attitude of unmarried people who already have children regarding condom use. Although all publications cited in this current study are related to the topic under investigation, they do not touch the nub of the matter which is knowledge and attitudes of people in Moloto village regarding condom use. We do not yet know why many people in Moloto village have children out of wedlock which is an indication of many people practising unsafe sex. The reasons many people have children out of wedlock requires further research. We do not yet know how people in Moloto protect themselves from contracting HIV as there are a lot of people taking anti-retroviral treatment from the local Moloto clinic.

While reviewing the literature, the researcher found that the studies conducted by Richardson et al, Helweg-Larsen and Collins, Ploem and Byers, and Alarape, et al had a shortfall in that undergraduates and learners were used as participants and respondents. Responses might not always be honest. Undergraduates are likely to falsify responses to items as a result of their need to provide the answers they feel the researcher wishes to receive even if anonymity is being practised. This is likely to happen if the researcher is a lecturer or teacher with whom the respondents have some form of relationship and do not wish to disappoint him or her. Learners and students are focusing on passing the subject, module or course; as such they will try to avoid any situation that might lead to the teacher or lecturer developing any negative attitude towards them. Using learners or students might also imply easy accessible research population in the area where the researcher is working.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The researcher applied quantitative research using a survey research design. Christensen (2004) describes quantitative research as a type of study that collects some type of numerical data to answer a given research question. The given research question in this study is: What is the knowledge and attitudes of people in Moloto village regarding condom use? Christensen (2004) describes a survey as a method of collecting standardized information. This research approach was chosen because it best enabled the researcher to answer the research question. The researcher used numerical data in the form of a survey as described by Christensen.

3.2 Research design

Terre Blancheet al (2006) define a research design as a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research, and as a plan that guides the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose, a plan or protocol for a research project. Terre Blanche et al (2006) further mention that a research design should specify how the research is going to be executed so that at the end the research question is answered. Terre Blanche et al (2006) advise that the researcher should decide on four dimensions of decision making when developing a research design. These dimensions are purpose of the research, theoretical paradigm informing the research, the context or situation within which the research is carried out and the research techniques employed to collect and analyse data.

The researcher believes that through quantitative research, the knowledge and attitudes of people in Moloto village regarding condom use can be known. The research has a clear purpose of determining the knowledge and attitudes of people in Moloto village regarding condom use with the objective of contributing towards reducing the further spread of HIV/AIDS.

3.3 Approaches to quantitative research designs

Christensen (2004) outlined six approaches of quantitative research designs, namely correlational study, ex post facto study, longitudinal and cross-sectional studies, naturalistic observation, meta analysis and survey. The survey is a method of collecting standardized information by interviewing a representative sample of some population.

This research used a survey approach to collect data. Christensen (2004) outlines four methods through which data can be collected using survey: Face-to-face method which means person to person interview; telephone method which implies telephone interview; mail method which means questionnaires sent through mail with stamped envelopes provided for respondents to complete and send back and electronic survey in which case the internet is used to contact people and request them to complete the survey on the computer.

Data was collected in order to determine knowledge and attitudes of people in Moloto village regarding condom use. The survey data collection method used by the researcher was the questionnaire. The questionnaire is self-administered whenever the respondents respond to the questions on their own, as used by the researcher. Best and Kahn (1993) describe a questionnaire as a data-gathering instrument through which respondents answer questions or respond to statements in writing when factual information is desired.

The questionnaire was divided into sections A, B and C. Section A required information on the socio-demographic characteristics of respondents. Section B required general knowledge on HIV/AIDS. Section C required responses that measured attitudes to condoms and their use. The questionnaire comprised of 11 restricted or closed-form items which required a yes or no response. The questionnaire further had 4 unrestricted or open-form items. Best and Kahn (1993) describe the closed-form items as those that require short check-mark responses and the open-form items as those that allow respondents freedom to respond in their own words.

Data was collected in order to answer the research question “What is the knowledge and attitudes of people in Moloto village regarding condom use?

Data was collected from 22 April to 23 May 2011. This data collection period was chosen because most people were at home for the Easter Holidays. This implies that not only unemployed and those working locally completed the questionnaire. The researcher trained two employed, responsible, and capable post-matric males residing in Moloto village to handle the issuing and collecting of the questionnaires. The researcher wanted honest feedback from respondents and did not want to intimidate them as a stranger. It took the research assistants 20 days to collect data. The researcher initially required 500 questionnaires to be distributed to 500 respondents, but due to the fact that people have a right to refuse to take part in the research, only 384 people accepted the questionnaires. Research assistants managed to get 231 questionnaires back from the respondents. The Questionnaire was written in English and responses were also requested to answer in English.

3.4 Target population and sampling

Terre Blanche Durrheim and Painter (2006) define a population and sampling as follows:

> A **sample** is quite simply those units or elements that are included into a study when the **population** is the larger pool from which our sampling elements are drawn, and to which we want to generalise our findings.

Based on the interpretation of the above definition, the population is the total number of people in Moloto and that is 92 587. Moreover, 500 which represents 0.5% of the total population is the number of questionnaires given to the research assistants. However, only 384 of these questionnaires, which represents 0.4% of the population, were finally distributed to the target population. Terre Blanche et al (2006) further state five types of sampling methods applied in quantitative research namely probability sampling, non-probability sampling, systematic sampling, stratified sampling and cluster sampling.

In this study the researcher used non-probability sampling in the form of purposive samples. Non-probability sampling means any kind of sampling in which the sample selection is not random (Terre Blanche et al 2006). As already stated in the preceding paragraph, the sample was not selected randomly in that the research only focused on a certain age group, i.e. people between the ages of 22 and 49, within the population of

Moloto village. Of the 384 questionnaires handed out, the research assistants received only 231 back. The researcher decided to apply purposive sampling by analysing only those questionnaires of respondents who were aged between 22 and 49, unmarried and who had one or more child. The reason for this was to link the findings with the research problem, and at the end be able to respond to the research question. Only 67 completed questionnaires met the researcher's criteria for analysis namely unmarried, within age 22 and 49, having one or more child.

3.5 Ethical considerations

There is a set of ethical principles that needs to be observed and respected by researchers when collecting data from human beings. Christensen (2004) specifies 5 moral principles namely: respect for persons and their autonomy, Beneficence and non-maleficence, justice, trust, fidelity and scientific integrity.

Respect for persons and their autonomy include facts like that a person has a choice to decide whether or not to participate in a research. It is the responsibility of the researcher to give full information to people he/she wishes should participate, all important information like what the research is all about, its purpose, what the role of participants is, for how long participants or respondents will be involved. In the case of this study, research assistants informed potential respondents what the research is all about and who the researcher was, reasons for the research and how the research would benefit the community. In the questionnaire itself, all the information a respondent or a potential respondent wished or would wish to know about the research was clearly spelt out. Respondents were informed that data was collected for study purposes, that the respondents had only to respond to the items on the questionnaire, and that they were not forced to complete the questionnaire.

Beneficence (doing good) *and non-maleficence* (doing no harm, doing no wrong), a research should aim to benefit participants and not to harm or wrong them in any way. This research aims to contribute in reducing HIV/AIDS prevalence, respondents and the people in Moloto will benefit in that all governments will be encouraged to work together towards assisting people to study beyond Grade 12, and to understand the importance of using condoms, so as to avoid having children before getting married. Nothing will

happen now or later that will make respondents regret having completed the questionnaires.

Justice: If participants know that they will not be harmed or wronged in anyway, it should remain that way. This study will not in any way harm the participants, there is nothing unexpected that will happen.

Trust: a relationship of trust should be established between participants and the researcher. In this study, the rules and instructions that appeared on the questionnaire were one way of creating a relationship of trust between the respondents and the researcher. Research assistants were also trained to ensure that the relationship of trust existed between them and the respondents. As a result, they managed to receive back 231 of the 384 questionnaires distributed.

Fidelity and scientific integrity: Research studies should be well designed to gather knowledge that will advance understanding of behaviour and contribute towards psychological knowledge base. This study project was well planned from the proposal, and followed all the specifications of research, so that it can benefit the community of Moloto and contribute towards reducing the further spread of HIV/AIDS.
Research assistants explained all the necessary information to potential respondents, that information required is for a research purpose for a student, that no one will have access to the completed questionnaire except the researcher, that no one is forced to respond to the questionnaire. Before the actual questions in the questionnaire, the purpose and rules of the questionnaire were clearly outlined. The questionnaire had rules such as: that only residents of Moloto village aged between 22 and 49 years should complete the questionnaire; that no one is forced to complete the questionnaire, that no name or contact number is required which was done to ensure anonymity. To ensure that only the researcher has access to the completed questionnaires, each potential respondent was given the questionnaire together with an envelope in which to place the completed questionnaires.

Moloto residents who were willing to respond to the questionnaire, gave a verbal agreement and also signed an informed consent form. Christensen (2004) describes informed consent as a way of informing participants all aspects of the study namely

purpose, procedures, incentives risks and benefits, and that is exactly what the research assistants were trained to do in this study.

CHAPTER 4: RESULTS AND FINDINGS

4.1 Introduction

In this chapter, the researcher analyses the responses to the research question: What is the knowledge and attitudes of people in Moloto village regarding condom use?

The purpose of the data analysis was to ascertain what people in Moloto village know about condoms and what their attitudes towards them are, as well their general knowledge of HIV/AIDS. In analysing the data, the researcher found that most of the respondents were satisfactorily knowledgeable about condoms use and had a positive attitude towards them. A large proportion of respondents, however, stated that a major disadvantage of condoms is that they can break or burst during love making. Furthermore, another view on condoms is that they prevent people who want children from being pregnant. This is the case even though the respondents are all unmarried.

4.2 Data analysis instrument

The quantitative data was analysed using frequency distribution. For this study, the joint frequency distributions using two-way contingency table with marginal frequencies were applied. The two-way contingency table was used to differentiate between men and women. The researcher presented the contingency table both in percentages and numbers.

This study is a quantitative study which means quantification is used. Best and Kahn (1993) describe quantification as a numerical method of describing observations of materials or characteristics. The quantitative data was analysed using frequency distribution which is defined in Wikipedia as an arrangement of the values that one or more variables take in a sample.

4.3 Data collection and analysis

Data was collected through the use of a self-administered questionnaire.

Data was collected from 231 respondents. Purposive sampling was used in that the researcher targeted members of the population who were between the ages of 22 and 49. Of these, only 67 were finally analysed due to the fact that the researcher wanted to focus on unmarried respondents aged between 22 and 49, who had one or more

children. The data was analysed through the use of frequency distribution. The tables below represent the frequency distribution of the data gathered. Table A represents the distribution in percentage form, while table B represents the frequency in numbers.

Table A:

Frequency distribution table (percentages)

	Male	Female	Total
Sex	40.30%	59.70%	100.00%
<Grade 12	25.93%	25.00%	25.37%
Grade 12	48.15%	40.00%	43.28%
>Grade 12	22.22%	17.91%	26.87%
No education status stated	3.70%	5.00%	4.48%
Employed	29.63%	27.50%	28.36%
Self-employed	18.52%	10.00%	13.43%
Unemployed	29.63%	35.00%	32.84%
No employment status stated	22.22%	25.00%	23.88%
Active church member	48.15%	67.50%	59.70%
Non church member	44.44%	17.50%	31.34%
No church membership stated	7.41%	15.00%	11.94%
1 child	33.33%	57.50%	47.76%
>1 child	62.96%	40.00%	49.25%
No of children not stated	3.70%	2.50%	2.99%
one can tell whether an individual is HIV positive from appearance	44.44%	22.50%	31.34%
one cannot tell whether an individual is HIV positive from appearance	51.85%	62.50%	58.21%
No response stated to whether one can tell whether an individual is HIV positive from appearance	3.70%	15.00%	10.45%
Condoms can be trusted to prevent HIV/AIDS	66.67%	80.00%	74.63%
Condoms cannot be trusted to prevent HIV/AIDS	33.33%	20.00%	25.37%
Condoms can be recommended to friends, colleagues, children, siblings, family members, or relatives	96.30%	100.00%	98.51%
Condoms cannot be recommended to friends,	3.70%	0.00%	1.49%

colleagues, children, siblings, family members, or relatives			
Prefers a lover, partner, spouse who always insist that condoms be used	85.19%	95.00%	89.71%
Does not prefer a lover, partner, spouse who always insist that condoms be used	11.11%	2.50%	5.97%
No response stated on whether one would prefer a lover, partner, spouse who always insist that condoms be used	3.70%	2.50%	2.99%
Sexual intercourse can be enjoyed while using condoms	51.85%	67.50%	61.19%
Sexual intercourse cannot be enjoyed while using condoms	40.74%	27.50%	32.84%
No response stated on whether sexual intercourse can be enjoyed while using condoms	7.41%	5.00%	5.97%
Condoms should be used by married people	55.56%	72.50%	65.67%
Condoms should not be used by married people	40.74%	25.00%	31.34%
No response stated on whether condoms should be used by married people	3.70%	2.50%	2.99%
Correct and consistent use of condoms can reduce HIV infections	74.07%	80.00%	77.61%
Correct and consistent use of condoms cannot reduce HIV infections	7.41%	17.50%	13.43%
No response stated on whether correct and consistent use of condoms can reduce HIV infections	18.52%	2.50%	8.96%
Condoms are reliable when used correctly and consistently	51.85%	82.50%	70.15%
Condoms are not reliable when used correctly and consistently	18.52%	7.50%	11.94%
No response stated on whether condoms are reliable when used correctly and consistently	29.63%	10.00%	17.91%
There is a need for condoms to be made more available and accessible	62.96%	75.00%	70.15%
There is no need for condoms to be made more	25.93%	17.50%	20.90%

available and accessible

No response stated on whether there is a need for condoms to be made more available and accessible	11.11%	7.50%	8.96%
Most people would have contracted HIV/AIDS had condoms not been invented	74.07%	85.00%	80.60%
Most people would have not contracted HIV/AIDS had condoms not been invented	14.81%	7.50%	10.45%
No response stated on whether most people would have contracted HIV/AIDS had condoms not been invented	11.11%	7.50%	8.96%

Table B:

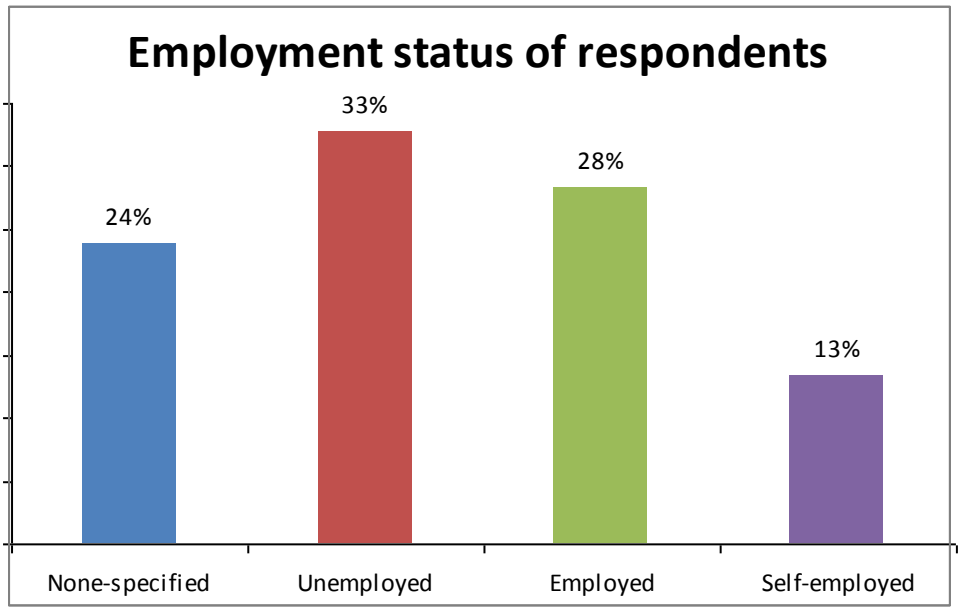
Frequency distribution table (numbers)

	Male	Female	Total
Sex	27	40	67
<Grade 12	7	10	17
Grade 12	13	16	29
>Grade 12	6	12	18
No education status stated	1	2	3
Employed	8	11	19
Self-employed	5	4	9
Unemployed	8	14	22
No employment status stated	6	10	16
Active church member	13	27	40
Non church member	12	7	21
No church membership stated	2	6	8
1 child	9	23	32
>1 child	17	16	33
No of children not stated	1	1	2
one can tell whether an individual is HIV positive from appearance	12	9	21
one cannot tell whether an individual is HIV positive from appearance	14	25	39
No response stated to whether one can tell whether an individual is HIV positive from appearance	1	6	7
Condoms can be trusted to prevent HIV/AIDS	18	32	50
Condoms cannot be trusted to prevent HIV/AIDS	9	8	17
Condoms can be recommended to friends, colleagues, children, siblings, family members, or relatives	26	40	1
Condoms cannot be recommended to friends, colleagues, children, siblings, family members, or relatives	1	0	1
Prefers a lover, partner, spouse who always insist that condoms be used	23	38	61
Does not prefer a lover, partner, spouse who always insist that condoms be used	3	1	4
No response stated on whether one would prefer a lover, partner,	1	1	2

spouse who always insist that condoms be used			
Sexual intercourse can be enjoyed while using condoms	14	27	41
Sexual intercourse cannot be enjoyed while using condoms	11	11	22
No response stated on whether sexual intercourse can be enjoyed while using condoms	2	2	4
Condoms should be used by married people	15	29	44
Condoms should not be used by married people	11	10	21
No response stated on whether condoms should be used by married people	1	1	2
Correct and consistent use of condoms can reduce HIV infections	20	32	52
Correct and consistent use of condoms cannot reduce HIV infections	2	7	9
No response stated on whether correct and consistent use of condoms can reduce HIV infections	5	1	6
Condoms are reliable when used correctly and consistently	14	33	47
Condoms are not reliable when used correctly and consistently	5	3	8
No response stated on whether condoms are reliable when used correctly and consistently	8	4	12
There is a need for condoms to be made more available and accessible	17	30	47
There is no need for condoms to be made more available and accessible	7	7	14
No response stated on whether there is a need for condoms to be made more available and accessible	3	3	6
Most people would have contracted HIV/AIDS had condoms not been invented	20	34	54
Most people would have not contracted HIV/AIDS had condoms not been invented	4	3	7
No response stated on whether most people would have contracted HIV/AIDS had condoms not been invented	3	3	6

Only data from 67 respondents was analysed, of which 27 were male and 40 females. The average age of the participants was 28.5. The average age of the female respondents was 27.1 and 30.6 for males. Of the 40 female respondents, 12 had qualifications higher than Grade 12, 16 had Grade 12, 10 did not complete their basic education, and 2 did not state their highest level of education. Of the 27 male respondents, 6 had qualifications higher than Grade 12, 13 had Grade 12, 4 did not complete their basic education, and 1 did not state his highest level of education.

Three options of status of employment were given to respondents from which to select their status: which were, employed, unemployed or self-employed. Some respondents did not state their employment status, making 'none specified' the fourth option. Of the 40 female respondents, 11 were employed, 4 were self-employed, 14 were unemployed, and 11 did not state their employment status. Of the 27 male respondents, 8 were employed, 5 were self-employed, 8 were unemployed, and 6 did not state their employment status. The following graph shows the percentage of respondents falling within each area of employment:



The respondents were also asked to state their status of church membership, which is whether or not they were active members of a church. Even though most respondents, especially females, were active members of churches, they had children out of wedlock. 25% of the respondents who were active church members belong to the Zion Christian

Church, which is the largest single church in South Africa. According to the Statistics South Africa, *Population Census* 2001, 11.1% of South Africa's population belong to the Zion Christian Church. 27 of the 40 female respondents were active members of some or other church, 7 did not affiliate with any church, and 6 did not state their affiliation with any church. 13 of the 27 male respondents were active members of some or other church, 12 did not affiliate with any church, and 2 did not state their affiliation with any church.

The average number of children among the 67 respondents is 1.8. The male respondents had a higher average number of children at 2.2 compared to the female respondents' 1.6. This is lower than the South Africa's fertility rate of 2.4 and the fertility rate in Mpumalanga is 2.7. This is according to the Statistics South Africa's *Mid-year population estimates, South Africa 2008*, July 2008.

Regarding when and where the respondents learnt about HIV/AIDS which was an open-ended question, 30 respondents stated that they first heard about it between 1990 and 1999, 23 learnt about it between 2000 and 2010, and 14 did not specify. Of the 67 respondents, 17 stated that they first learnt about HIV/AIDS through the media, which includes TV, radio, or print media. 13 of the respondents first learnt about HIV/AIDS in school. This means that almost 1 in 5 respondents first learnt about HIV/AIDS in school. Schools should be encouraged to continue with sexuality education, which includes lessons on HIV/AIDS. The remaining 37 only stated that they first learnt about the HIV/AIDS in their areas of residence.

The first open-ended question which respondents were asked is how people can prevent becoming infected with HIV/AIDS. 22 respondents stated abstinence as a preventative method. 13 respondents stated that being faithful to one partner can prevent HIV infection. 10 stated other methods of prevention, such as getting tested for HIV, not directly touching other people's blood, and visiting the clinic or doctor.

On whether condoms can be trusted to prevent HIV/AIDS, 50 respondents stated that condoms can be trusted to prevent HIV/AIDS and 17 respondents stated that condoms cannot be trusted to prevent HIV/AIDS. This implies that 3 in 4 respondents have a

positive attitude regarding condoms and effectiveness in preventing the spread of HIV/AIDS.

In further surveying the attitudes of people regarding condom use, the question of whether condoms can be recommended to friends, colleagues, children, siblings, family members, or relatives was asked. In response, 65 out of 67 respondents stated that they would recommend condoms. Only 2 respondents stated that they would not recommend condoms. This further implies a generally positive attitude regarding condom use.

On whether one would prefer a lover, partner, spouse who always insists that condoms be used, 62 respondents stated they prefer a lover, partner, spouse who always insists on condom use, while 4 respondents did not prefer a lover, partner, spouse who always insists on condoms, and 1 respondent did not provide a response to this question. This further indicates a generally positive attitude regarding condom use.

On whether or not there is a good reason for people to use condoms, 51 respondents responded positively indicating that there is a good reason to use condoms. 12 respondents responded negatively indicating that is no good reason to use condoms. 4 respondents did not provide a response to this question.

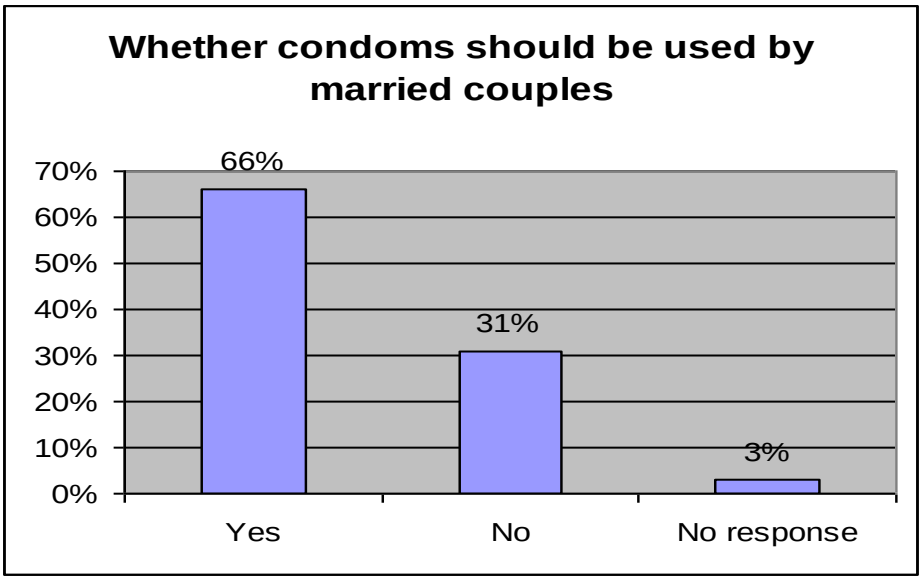
In further surveying both the attitudes and knowledge of people regarding condom use, the respondents were asked to state the advantages and disadvantages of condom use as two open-ended questions. On the advantages of using condoms, respondents stated that condoms can be used to prevent HIV/AIDS, other STI's, and unwanted pregnancies. 58 respondents stated that condoms can prevent HIV/AIDS and other STI's. A further 23 stated that condoms may also prevent unplanned pregnancies. 5 did not respond to the question. As the question was open-ended, respondents could provide more than one answer to the question; this is why the number of responses is higher than the number of respondents.

On the disadvantages of condom use, 25 respondents stated that there was no disadvantage to condom use or did not respond to the question. 17 respondents stated that the fact that condoms may break or burst and are not 100% safe is a disadvantage

of condom use. 8 respondents stated that condoms may inhibit those who want to have children and build families. A further 8 respondents mentioned that condoms may cause less satisfaction in sexual intercourse and are noisy; and they may also cause side-effects such as rash, bad smell and may cause other illnesses if they are expired.

On whether sexual intercourse can be enjoyed while using condoms, 41 respondents stated that sexual intercourse may be enjoyed while using condoms. 22 respondents stated that sexual intercourse may not be enjoyed while using condoms. 4 respondents did not provide a response to the question. Although the general attitude of the respondents is positive, the responses to this question prove that they still have their doubts regarding condoms. 1 in 3 respondents stated that sex cannot be enjoyed with the use of condoms.

In further analyzing the attitude of the respondents regarding condom use and the knowledge of HIV/AIDS, the question of whether condoms should be used by married couples was asked. 21 of the 67 respondents indicated that condoms should not be used by married couples, 44 indicated that the condoms should be used within a marriage, while 2 did not respond to the question. This indicates that 2 out of 3 respondents acknowledge the importance of condoms even in married relationships. The following graph illustrates the proportion of respondents who responded 'No', 'Yes', and provided no response to the question of whether condoms should be used by married couples.



The question of whether correct and consistent use of condoms can reduce HIV infections examines the attitudes of the respondents regarding condom use and their knowledge on HIV/AIDS prevention. 52 of the 67 respondents responded 'Yes' to the question, while 9 responded 'No' and 6 did not provide a response. The question on whether condoms are reliable when used correctly and consistently also similarly examines both the attitude and knowledge of respondents. On this question, 47 respondents responded 'Yes', 8 responded 'No', and 12 did not respond to the question.

On whether there is a need for condoms to be made more available and accessible, 48 respondents indicated that there is a need for condoms to be made more available and accessible.14 stated that there is no need for condoms to be made more available and accessible. The remaining 5 did not state any response to the question.

The question of whether most people would have contracted HIV/AIDS had condoms not have been invented examines the attitude of people regarding condom use as a major prevention strategy against the spread of HIV/AIDS. In response to this question, 54 out of 67 respondents indicated the importance of condoms, while 7 did not see any significance of condoms in the fight against the spread of HIV/AIDS, and 6 did not respond to the question. This implies that 4 out of 5 respondents appreciate that the presence of condoms has contributed positively to the management and prevention of HIV/AIDS.

The analysis showed that the people in Moloto generally possess a good understanding of HIV/AIDS and are generally positive about condoms and their use. However, the analysis also showed that while most prefer to use condoms, they are willing jeopardise their safety and have sexual intercourse without a condom in order to procreate. Some also felt that condoms have certain side effects such as causing rash, foul smell, discomfort, or diminished satisfaction during sexual intercourse. This may also deter people from using condoms. While knowledge of HIV/AIDS and attitudes regarding the use of condoms are generally positive, there is still a need to continue to educate people on subjects of reproduction and safe sex.

CHAPTER 5: OVERALL FINDINGS AND RECOMMENDATIONS

5.1 Introduction

This fifth and final chapter provides the conclusion to the assignment as well as recommendations based on the findings. Data has been collected through a self-administered questionnaire and analysed through the frequency distribution instrument. The research question has been answered and the answer is that people of Moloto village are knowledgeable about condoms and their attitudes towards condoms are positive. Validity of the results has been checked.

5.2 Overall findings

The researcher found that people in Moloto village (both male and female) have a positive attitude regarding condom use. When asked whether condoms can be trusted to prevent HIV/AIDS, 75% of the respondents stated that condoms can be trusted. 99% stated that condoms should be recommended to friends, colleagues, children, siblings, family members or relatives. 90% of the respondents stated that they prefer a lover, partner or spouse who always insists that condoms be used. 70% of the respondents stated that condoms are reliable when used correctly and consistently.

Despite the generally sound knowledge and positive attitude among the respondents regarding condom use, it is unclear whether or not people in Moloto village know how to correctly use condoms. The large number of people in the village who are unmarried but have one or more child, as observed by the research both formally and informally, raises concern about their knowledge on the correct use of condoms. The average number of children among the 67 unmarried respondents surveyed by the researcher for this study is 1.8 for women and 1.6 for male respondents.

People in Moloto village are largely unemployed and their highest level of education was Grade 12 or lower. Only a few of the respondents had qualifications ranging from certificates to a Masters degree. Most of the respondents were found to have a high level of knowledge and a generally positive attitude regarding condom use. 33% of the respondents stated that they were unemployed, while 68% had Grade 12 or lower grade as the highest level of education.

This study found that 97% of male and female respondents would recommend condom use to friends, colleagues, children, siblings, family members, or relatives. This recommendation indicates a generally positive attitude towards condom use among people. This result partly supports the findings of the research conducted by Belachew, Jira and Mamo (2002) in that, in their research, men understood safe sex to be synonymous with condom use.

Despite the fact that there exists a generally positive attitude towards condom use and there is some knowledge on the use of condoms to prevent HIV/AIDS and unwanted pregnancies, the study found that 25% of respondents stated that the fact that condoms may break or burst and are not 100% safe is a disadvantage of condom use. A further 12% of respondents stated that condoms may inhibit those who want to have children and build families. Correspondingly, MacPhail and Campbell (2001) mention that young men oppose condom use due to their contraceptive value. This is the case even though the respondents are all single, not yet married. Another 12% of respondents mentioned that condoms may cause less satisfaction in sexual intercourse and are noisy; and they may also cause side-effects such as rash, bad smell and may cause other illnesses if they are beyond their expiry date.

However, the fact that condoms inhibit pregnancies and the beliefs that condoms cause less satisfaction in sexual intercourse and are noisy; and that they may also cause side-effects such as rash or bad smell and may cause other illnesses if they are expired; are factors that contribute to the inconsistent use of condoms among people in Moloto. 63% of the respondents stated different disadvantages of condoms such as the above-mentioned.

This study poses the question why so many unwed people in the village, including teenagers, have children. According to the Facility Delivery Summary Sheet-Mpumalanga Province, as filled in at Moloto village clinic for August 2011, out of 24 women who gave birth in that month, 20 mothers were between ages 18 and 34, and 8 were found to be HIV positive. According to the Facility Delivery Summary Sheet-Mpumalanga Province, as filled in at Moloto village clinic for June 2011, out of 24 women who gave birth in that month, 20 mothers were between ages 18 and 34, and 8 were found to be HIV positive.

It is therefore crucial for strategies to be developed that will educate people and rectify myths that exist regarding condoms. Furthermore, family planning should be paramount in sexuality education. “School” is mentioned by 13 respondents as the place where information about HIV/AIDS was first received. This indicates that sexuality education through life skills HIV/AIDS programmes is being implemented in schools. The good work done by the Department of Education is highly appreciated; children are getting information from the correct sources. The Department of Education still has a task of encouraging abstinence until marriage or at least until the parents are able to take care of their children. Both boys and girls need to be taught the disadvantages of unplanned pregnancy, especially in cases where there is no family structure, or in the case where parents are not yet able to afford to take care of the children.

5.3 Recommendations

Based on the overall findings of this study, the researcher recommends the following:

- Education on condom use which should not only focus on the use and importance of condoms to prevent HIV/AIDS and unwanted pregnancies; but should also highlight myths and correct these. This can be done at clinics, schools, and other public areas. On the back side of condoms which are given freely by the state, there should be points indicating correct and incorrect theories about condoms.

- Family planning should form a more integral part of the school curriculum on sexuality education, instead of the focus on HIV/AIDS and teenage pregnancy prevention. Learners should understand the importance of a child to be born in a primary family structure of father, mother and siblings. Children born out of wedlock are born as extended family members, disrupting the primary family structure. They grow up in big families in most cases under bad conditions. Family planning in this study refers to planning for a family that one will look after in all aspects, a family that will not have a problem of children existing somewhere apart from those born from the marriage, or children who are half sisters or half brothers.

- In addition to schools, clinics, government departments, and NGOs; parents should play a more important role in the sexuality education of their children. When children and young people participate in comprehensive sexuality education programmes, it increases the likelihood that they will make informed and responsible sexual decisions later in life. In order for this to happen, parents should also be educated on how best to provide sexuality education to their children and also to ensure that parents do not convey incorrect messages to their children.

- Education on how to use condoms, how to keep them, as well as how to store them so that the problem of breaking or bursting is resolved is important. Moloto clinic and other non-governmental organizations involved in the prevention of HIV/AIDS should conduct workshops or demonstrations on how to properly use and store condoms.

- In order to help break the cycle of unemployment in Moloto as well as to show young people that they can have an academic future after Grade 12, well-planned career days with participants from both the private and public sectors should be encouraged on a regular basis. Information on learnerships, apprenticeships, bursaries, and scholarships should be made available and learners should be supported to apply. If different departments and private companies can visit Moloto village with bursary forms, learnerships, different careers in their departments and work on removing people from the life of loitering around, to deal with the fact of only a few people having gone beyond Grade 12.

5.4 Conclusion

Data collected from 67 participants through quantitative research using survey design made it possible for the researcher to respond to the research question “What is the knowledge and attitudes of people in Moloto regarding condom use? From now on we know what the knowledge and attitudes of people in Moloto are.

This study found that people in Moloto generally have positive attitudes towards the use of condoms and have some knowledge on the importance of condoms in the

prevention of unwanted pregnancies and HIV/AIDS and this is very pleasing. However, further research is still required to determine the reasons for people to engage in unprotected sexual acts, which result in children being born out of wedlock. Based on this study, while efforts to advocate the use of condoms as a method of preventing HIV/AIDS infection should continue, HIV/AIDS policies should also be designed in line with family planning and diminishing the myths that exist regarding condoms.

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Appendix A: HIV prevalence per province

The following is the estimated HIV prevalence among antenatal clinic attendees among the 9 provinces of South Africa for the period 2006-2009.

(http://www.avert.org/safricastats.htm:2):

PROVINCE	2006	2007	2008	2009
1. KwaZulu-Natal	39.1	38.7	38.7	39.5
2. Mpumalanga	32.1	34.6	35.5	34.7
3. Free State	31.1	31.5	32.9	30.1
4. Gauteng	30.8	30.5	29.9	29.8
5. North West	29.0	30.6	31.0	30.0
6. Eastern Cape	28.6	28.8	27.6	28.1
7. Limpopo	20.6	20.4	20.7	21.4
8. Northern Cape	15.6	16.5	16.2	16.9
9. Western Cape	15.1	15.3	16.1	16.9
SOUTH AFRICA	29.1	29.4	29.3	29.4

Appendix B: Questionnaire

(i) This is the questionnaire that was given to more than 284 respondents, aged 22-49 years - residents of Moloto village.

(ii) This questionnaire comprises thirteen items to measure the attitudes of people in regard to condom use.

(iii) Some items in the questionnaire are adapted from Hounton, Carabin and Henderson (2006).

(iv) This questionnaire is for collection of data for the research project for a Masters degree on HIV/AIDS Management. The researcher is Maitai Nelly Kgafela registered with the University of Stellenbosch.

Rules of this questionnaire

1. Only residents of Moloto village should respond to the questionnaire. No one is forced to respond to the questionnaire. Agree verbally and/or sign the informed consent form to show willingness to respond to the questionnaire. Respondents should be between the ages of 22 and 49 years.
2. No name or contact number is required.
3. Answer all questions as honestly as possible.
4. Shade or use a tick or cross whenever you see this box ☐
5. Respondents should only respond to the questions on this survey questionnaire.
6. Completely filled-in questionnaires should be given to the research assistant in the sealed envelope provided, on or before the 4th day after receipt of the questionnaire.
7. The research assistants will not open the sealed envelopes.
8. The researcher will under no circumstances discuss responses with the research assistants or anyone except the supervisor of the research project, who is an employee of the University of Stellenbosch.

The Questionnaire

A. Socio-demographic characteristics

1. Age – Full years:_____

2. Male or Female:_____

3. Ethnic Group:_____

4. South African or non-South African:_____

5. Marital status: ☐ Married ☐ Divorced

   ☐ Single ☐ Widowed

6. Educational and employment status:

   (i) The highest grade or standard passed:_____

   (ii) Certificate(s):_____

   (iii) Diploma(s):_____

   (iv) Degree(s):_____

   (v) Currently registered with:_____

   (vi) Employed ☐ Unemployed ☐ Self-employed ☐

7. Active member of a church/attending church regularly

   ☐ Yes

   ☐ No

   Name of church actively involved at/attending regularly

8. Number of own children:_____

B. General knowledge on HIV and AIDS

1. Where and in which year did you first hear about HIV and AIDS?_____

   _____

2. Can you see from physical appearance that someone is HIV positive?_

   _____

3. How can people prevent getting infected with HIV and AIDS?_____

   _____

C. Attitudes towards condom use

1. Do you think condoms can be trusted to prevent HIV and AIDS?

   ☐ Yes

   ☐ No

2. Do you think there is a good reason for people to use condoms?

   ☐ Yes

   ☐ No

3. Would you recommend condoms to your friends, colleagues, children, siblings, family members, and relatives?

   ☐ Yes

   ☐ No

4. Would you prefer a lover/partner/spouse who would always insist that condoms be used?

☐ Yes

☐ No

5. Do you think sexual intercourse can still be enjoyed with the use of a condom?

☐ Yes

☐ No

6. Should condoms be used by married couples?

☐ Yes

☐ No

7. Do you think correct and consistent use of condoms can reduce new HIV infections?

☐ Yes

☐ No

8. Condoms are reliable is correctly and consistently used?

☐ Yes

☐ No

9. Do you think condoms need to be made more available and accessible than they are presently?

☐ Yes

☐ No

10. If condoms were not invented, most of us would have already contracted HIV and AIDS.

☐ Yes

☐ No

11. What are the advantages of using condoms?_____

_____

_____

12. What are the disadvantages of using condoms?_____

_____

_____

Appendix C: Informed consent form

Informed Consent Form

I give informed consent to participate in the research project of Maitai Nelly Kgafela – A Masters degree student at the University of Stellenbosch. No one is forcing me to participate.

_____	_____	_____
Signature	Date	Place

Appendix D: Data analysis worksheet

Data Analysis Worksheet											
Number	Age	Sex	Highest level of education	Employment status	Status of church membership	Number of children	When and where knowledge of HIV obtained	Whether one can tell whether an individual is HIV positive from appearance	How one can prevent HIV infection	Whether condoms can be trusted to prevent HIV/AIDS	Whether condoms can be recommended to friends, colleagues, children, siblings, family members, or relatives
1	30	Male	Grade 11	None specified	None	1	1992, Radio	No	Condom Use	Yes	Yes
2	27	Male	Grade 11	Unemployed	None	4	1991, newspaper	Yes	Condom use	No	Yes
3	29	Male	Grade 11	Unemployed	None	1	1999, home	No	Condom use or abstinence	Yes	Yes
4	31	Male	National Diploma	Employed	Active member	1	1995, school	Yes	Abstinence, condom use, and cautious sexual behaviour	Yes	Yes
5	25	Male	Diploma	Unemployed	Active member	2	2006, unknown	No	Condom use and abstitence	No	Yes
6	31	Male	Grade 12	None specified	None	3	1995, Grootfontein	No	Condom use	No	Yes
7	30	Male	Grade 12	Self-employed	Active Member	2	1994, none stated	Yes	Faithfulness, using condoms correctly	Yes	Yes
8	24	Male	Grade 10	Employed	None	1	1997, none stated	No	Abstinence	Yes	Yes
9	25	Male	Grade 12	None specified	None specified	2	None specified, word of mouth	No	Condom use	Yes	Yes
10	28	Male	Master's degree	Employed	Member	3	1997, in school	Yes	Abstinence	No	Yes
11	30	Male	Grade 11	Self-employed	None	3	1990, newspaper	Yes	Condom use	No	Yes
12	31	Male	Grade 11	Employed	Active member	1	1994, word of mouth	No	Condom use	Yes	Yes
13	34	Male	Grade 12	None specified	None	3	1998, magazine/newspaper	Yes	Condom use	Yes	Yes
14	39	Male	Certificate	Self-employed	None	3	1998, school	Yes	Condom use	Yes	Yes
15	28	Male	Grade 12	Employed	Active member	3	1997, school	No	Abstinence, condom use, and having one sexual partner	Yes	Yes
16	24	Male	Grade 12	Unemployed	Active member	1	2006, none stated	No	Abstinence	Yes	Yes
17	41	Male	Grade 12	Unemployed	None	3	1990, newspaper and TV	No	Abstinence and condom use	No	No
18	30	Male	Grade 12	Unemployed	Active member	3	1999, None specified	No	They can go to the clinic	No	Yes
19	38	Male	Grade 12	Employed	none	2	1996, None specified	No	Condom use	No	Yes
20	22	Male	Grade 12	Unemployed	Active member	1	2003, none stated	Yes	Condom use	No	Yes
21	34	Male	Certificate	Employed	Active member	2	1994, none stated	No	Condom use	Yes	Yes
22	35	Male	Grade 12	None specified	None specified	None specifie	None specified, none specified	Yes	Condom use	Yes	Yes
23	27	Male	Grade 12	Self-employed	Active member	3	2006, newspaper	Yes	Condom use	Yes	Yes
24	41	Male	Grade 9	Unemployed	None	4	None stated, TV	Yes	Abstinence	Yes	Yes
25	36	Male	Grade 12	Employed	Active member	2	1993, none specified	Yes	Condom use	Yes	Yes
26	26	Male	None stated	None specified	None	1	None specified, word of mouth	No	Condom use	Yes	No
27	31	Male	Certificate	Self-employed	Active member	1	1990, none stated	None specified	None stated	Yes	Yes
28	23	Female	Certificate	Self-employed	None	1	2000, none stated	No	Abstinence and condom use	Yes	Yes
29	25	Female	Grade 9	None specified	Active member	2	1996, newspaper	No	condom use	Yes	Yes
30	23	Female	Grade 12	Unemployed	None	3	1994, news	No	Condom use	Yes	Yes
31	25	Female	Grade 12	Unemployed	Active member	2	1998, school	No	Abstinence, condom use, and having one sexual partner	No	Yes

Data Analysis Worksheet											
Number	**Age**	**Sex**	**Highest level of education**	**Employment status**	**Status of church membership**	**Number of children**	**When and where knowledge of HIV obtained**	**Whether one can tell whether an individual is HIV positive from appearance**	**How one can prevent HIV infection**	**Whether condoms can be trusted to prevent HIV/AIDS**	**Whether condoms can be recommended to friends, colleagues, children, siblings, family members, or relatives**
34	23	Female	Certificate	Employed	Active member	2	2000, none stated	No	Condom use, getting tested, faithfulness to one partner	Yes	Yes
35	28	Female	Grade 11	Employed	Active member	1	1994, none stated	-	Condom use	Yes	Yes
36	31	Female	Diploma	Employed	Active member	1	2000,TV	Yes	Abstinence and condom use	Yes	Yes
37	26	Female	Grade 11	Self-employed	Active member	1	2005, Moloto	Yes	Condom use	Yes	Yes
38	22	Female	Grade 9	Self-employed	Active member	1	2000, TV and Radio	No	Condom use	Yes	Yes
39	23	Female	Certificate	None specified	None specified	1	None specified, School	No	Condom use	Yes	Yes
40	26	Female	Grade 12	Self-employed	Active member	1	2005, Moloto	Yes	Condom use	Yes	Yes
41	23	Female	Grade 11	Employed	Active member	1	1998, None specified	No	Condom use	Yes	Yes
42	26	Female	Grade 12	None specified	None	1	None specified, word of mouth	No	Condom use	Yes	Yes
43	25	Female	Certificate	None specified	Active member	1	2000, school	No	Safe sex and one sexual partner	Yes	Yes
44	27	Female	Certificate	Unemployed	Active member	1	2001, none stated	No	Condom use	Yes	Yes
45	24	Female	Certificate	Unemployed	None	1	2000, school	No	Abstinence or condom use	Yes	Yes
46	27	Female	Grade 12	Employed	Active member	2	1999, school	No	Abstinence, Faithfulness, HIV test, condom use, wearing gloves to avoid contact with blood.	Yes	Yes
47	25	Female	None stated	None specified	Active member	2	2010, none stated	No	None stated	No	Yes
48	26	Female	Certificate	Unemployed	Active member	1	2001, none stated	No	Condom use	Yes	Yes
49	28	Female	Grade 12	None specified	None specified	2	None stated, word of mouth	No	Condom use	Yes	Yes
50	32	Female	Grade 11	Unemployed	Active member	3	2000, none stated	Yes	Condom use	Yes	Yes
51	25	Female	Grade 12	Employed	Active member	1	1999, Mpumalanga	No	Abstinence and condom use	No	Yes
52	34	Female	Grade 12	Employed	Active member	1	2000, North West	no	Condom use	Yes	Yes
53	24	Female	Grade 12	Unemployed	none	1	None stated, Primary school	No	Abstinence and condom use	Yes	Yes
54	39	Female	Grade 12	None specified	None specified	None specifie	None specified	None specified	None stated	Yes	Yes
55	22	Female	Certificate	Unemployed	Active member	1	2001, School	No	Abstinence, sticking to one partner, and condom use	Yes	Yes
56	32	Female	Grade 12	None specified	None specified	3	None stated, Radio	Yes	Abstinence and condom use	Yes	Yes
57	29	Female	Grade 11	Unemployed	Active member	1	1994, none stated	Yes	Condom use	Yes	Yes
58	22	Female	Grade 11	Unemployed	Active member	2	2005, School	None specified	Using protection	No	Yes
59	31	Female	Grade 12	None specified	None specified	1	None specified, TV	Yes	Condom use	Yes	Yes
60	22	Female	Grade 12	Unemployed	Active member	1	2008, Clinic	No	Using medication and visiting clinics and doctors	Yes	Yes
61	33	Female	Certificate	Employed	Active member	3	1998, TV	No	Abstinence, having 1 partner, faithfulness, condom use	No	Yes
62	40	Female	Grade 12	Employed	Active member	3	None specified, none specified	Yes	Abstinence and condom use	No	Yes
63	27	Female	None stated	Unemployed	None	2	None specified, none specified	None specified	None stated	Yes	Yes
64	39	Female	Grade 12	None specified	None specified	2	None specified, TV	Yes	Abstinence	Yes	Yes
65	28	Female	Grade 11	Unemployed	Active member	1	2006, newspaper	None specified	None stated	No	Yes
66	25	Female	Grade 10	Unemployed	None	2	None specified, none specified	None specified	Faithfulness, using condoms	Yes	Yes
67	22	Female	Degree	None specified	Active member	3	1995, magazine	No	Condom use	Yes	Yes

Data Analysis Worksheet										
Number	Whether one would prefer a lover, partner, spouse who always insist that condoms be used	Whether there is a good reason for people to use condoms	Advantages of using condoms	Disadvantages of using condoms	Whether sexual intercourse can be enjoyed while using condoms	Whether condoms can be used by married people	Whether correct and consistent use of condoms can reduce HIV infections	Whether condoms are reliable when used correctly and consistently	Whether there is a need for condoms to be made more available and accessible	Whether most people would have contracted HIV/AIDS had condoms not have been invented
1	Yes	Yes	One wants a family	One wants a family	Yes	No	Yes	Yes	Yes	Yes
2	No	No	There will be no infection	There will be infection	No	No	Yes	No	Yes	Yes
3	Yes	Yes	It's risky not to use a condom	Infection	Yes	Yes	No	Yes	Yes	No
4	Yes	Yes	Preventing STIs	Condoms can break and cause infection or pregnancy	Yes	Yes	Yes	No	Yes	Yes
5	Yes	Yes	Preventing STIs and unplanned pregnancies	No satisfaction from sex, condoms are noisy, and lower sexual activity	No	No	Yes	Yes	No	No
6	Yes	Yes	Safe sex, Preventing STIs and unplanned pregnancies	Not mentioned	Yes	Yes	Yes	Yes	Yes	Yes
7	Yes	Yes	Not getting sick, preventing STIs and unplanned pregnancies	Condoms can break during sex	Yes	Yes	Yes	Yes	No	Yes
8	Yes	No	Safer sex with a stranger	Condoms not useful when under the influence of alcohol	Yes	No	Yes	No	No	Yes
9	Yes	Yes	Preventing HIV and other STIs	Condoms can break during sex	Yes	Yes	Yes	Yes	No	Yes
10	Yes	Yes	Preventing STIs and unplanned pregnancies	Decrease in population growth	Yes	Yes	Yes	Yes	Yes	Yes
11	Yes	Yes	Preventing STIs	One will not have children	no	No	Yes	Yes	Yes	Yes
12	Yes	Yes	Preventing STIs	None stated	No	Yes	Yes	Yes	Yes	Yes
13	Yes	No	Preventing STIs	One will be infected whether or not condoms are used	No	No	Yes	Yes	Yes	Yes
14	Yes	Yes	Preventing STIs	None	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Preventing STIs and unplanned pregnancies	condoms are not 100% safe when used incorrectly	Yes	Yes	Yes	Yes	Yes	Yes
16	No	No	Preventing STIs	Condoms prevent having children	No	No	Yes	No	Yes	Yes
17	Yes	No	Preventing STIs	Condoms prevent having children, and sex is not as enjoying as without condoms	No	No	Yes	Yes	Yes	No
18	Yes	Yes	Preventing HIV/AIDS	None stated	No	Yes	Yes	None stated	No	None stated
19	Yes	Yes	Preventing HIV/AIDS	None stated	Yes	Yes	None stated	None stated	Yes	Yes
20	Yes	Yes	Preventing HIV and unplanned pregnancies	Condoms can burst and are not 100% safe	No	No	Yes	None stated	Yes	Yes
21	Yes	None stated	None stated	None stated	Yes	Yes	None stated	None stated	Yes	Yes
22	Yes	Yes	Protection	Condoms can break	Yes	Yes	Yes	Yes	No	Yes
23	Yes	Yes	Preventing disease	None stated	No	No	None stated	None stated	None stated	None stated
24	Yes	Yes	Preventing disease	Restricts having children	None stated	Yes	Yes	None stated	Yes	Yes
25	Yes	Yes	None stated	None stated	None stated	None stated	None stated	None stated	None stated	None stated
26	No	No	Protection	Condoms burst	No	No	No	No	No	Yes
27	None stated	None stated	None stated	None stated	Yes	Yes	None stated	None stated	None stated	No
28	Yes	Yes	Preventing HIV and other STIs	One's life can be endangered	Yes	Yes	Yes	Yes	Yes	Yes
29	Yes	Yes	Proecting oneself	Condoms can burst during intercourse	Yes	No	No	-	Yes	Yes
30	Yes	Yes	Preventing infections	One will not have children	No	No	Yes	Yes	Yes	Yes
31	Yes	Yes	Preventing STIs and unplanned pregnancies	None stated	No	Yes	Yes	Yes	Yes	Yes
32	Yes	No	Preventing STIs and unplanned pregnancies	Condoms can burst during intercourse	Yes	Yes	Yes	Yes	Yes	Yes
33	Yes	Yes	Preventing HIV and other STIs	None stated	Yes	Yes	Yes	Yes	Yes	Yes
Data Analysis Worksheet										

Number	Whether one would prefer a lover, partner, spouse who always insist that condoms be used	Whether there is a good reason for people to use condoms	Advantages of using condoms	Disadvantages of using condoms	Whether sexual intercourse can be enjoyed while using condoms	Whether condoms can be used by married people	Whether correct and consistent use of condoms can reduce HIV infections	Whether condoms are reliable when used correctly and consistently	Whether there is a need for condoms to be made more available and accessible	Whether most people would have contracted HIV/AIDS had condoms not have been invented
34	Yes	Yes	Preventing STIs and unplanned pregnancies	Condoms may cause unpleasant discharge in women	Yes	Yes	Yes	Yes	No	Yes
35	Yes	Yes	Preventing Aids	None stated	Yes	No	Yes	Yes	Yes	Yes
36	Yes	Yes	Preventing HIV and other STIs, and unplanned pregnancies	Condoms may be used incorrectly	Yes	Yes	Yes	Yes	Yes	Yes
37	Yes	Yes	None stated	Condoms can break or leak, and also cause rash	Yes	Yes	Yes	Yes	Yes	Yes
38	Yes	Yes	Preventing STIs	None stated	Yes	Yes	Yes	Yes	Yes	Yes
39	Yes	Yes	Protection	None stated	Yes	Yes	Yes	Yes	Yes	Yes
40	Yes	Yes	Protection from partners who do not want to be tested, as well as for one night stands	Condoms can break and cause rash	Yes	Yes	Yes	Yes	Yes	Yes
41	Yes	Yes	Preventing disease	Condoms can break	No	Yes	Yes	Yes	Yes	Yes
42	Yes	Yes	None	None	Yes	Yes	Yes	Yes	Yes	Yes
43	Yes	Yes	Preventing HIV and other STIs, and unplanned pregnancies	None	Yes	Yes	Yes	Yes	no	Yes
44	Yes	No	Preventing HIV and other STIs, and unplanned pregnancies	Noisy, bad smell, too rough	No	No	No	No	No	No
45	Yes	Yes	Preventing STIs	None stated	Yes	No	Yes	Yes	Yes	Yes
46	Yes	Yes	Preventing disease and unwanted pregnancies	Condoms can burst during intercourse, and expired condoms may cause sickness	Yes	Yes	Yes	Yes	Yes	Yes
47	Yes	Yes	Preventing STIs	None stated	No	Yes	Yes	Yes	Yes	No
48	Yes	Yes	Preventing HIV and other STIs	None stated	Yes	Yes	No	Yes	Yes	Yes
49	Yes	Yes	Protection	Condoms can break	Yes	Yes	Yes	Yes	No	Yes
50	Yes	No	Preventing HIV and other STIs, and unplanned pregnancies	People can cheat in marriage because they can use condoms outside. Condoms can break.	No	Yes	Yes	Yes	Yes	Yes
51	Yes	No	Preventing STIs, and unplanned pregnancies	They can burst	Yes	No	Yes	Yes	Yes	Yes
52	Yes	No	Preventing AIDS, and unplanned pregnancies	None stated	No	Yes	Yes	Yes	Yes	Yes
53	Yes	Yes	unplanned pregnancies	None stated	Yes	No	No	Yes	Yes	No
54	Yes	Yes	None stated	None stated	Yes	Yes	Yes	Yes	Yes	Yes
55	Yes	Yes	Preventing HIV and other STIs, and unplanned pregnancies	Condoms can cause rash, and can ruin the plessure of sex	Yes	Yes	Yes	Yes	Yes	Yes
56	Yes	Yes	Protection	None	Yes	Yes	Yes	Yes	No	Yes
57	Yes	Yes	Preventing HIV and other STIs, and unplanned pregnancies	Condoms may burst	None stated None	No	Yes	Yes	Yes	Yes
58	Yes	None stated	Preventing HIV and other STIs, and unplanned pregnancies	Condoms may burst	Yes	Yes	No	Not stated	Not stated	Yes
59	Yes	Yes	None stated	None stated	No	Yes	Yes	Yes	Yes	None stated
60	Yes	Yes	Preventing other STIs and unplanned pregnancies. Condoms are 100% safe	None stated	No	Yes	Yes	Yes	Yes	None stated
61	Yes	Yes	Preventing HIV and other diseases	Condoms can break	Yes	Yes	Yes	No	Yes	Yes
62	Yes	Yes	Preventing HIV and unplanned pregnancies	Condoms can burst and are not 100% safe	Yes	Yes	Yes	Yes	Yes	Yes
63	Yes	Yes	Preventing STIs	None stated	Yes	Yes	Yes	Yes	Yes	Yes
64	Yes	Yes	None stated	None stated	No	Yes	Yes	Yes	No	Yes
65	None stated	No	Preventing HIV and unplanned pregnancies	None stated	Yes	No	No	None stated	No	Yes
66	Yes	Yes	Leads to a long life, preventing disease	None stated	No	No	No	No	Yes	Yes
67	No	None stated	Leads to a long life, preventing disease	None stated	None stated	None stated	None stated	None stated	None stated	None stated